



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE
AFFILIATE LIST – LIMITED LIABILITY COMPANY (LLC)

ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME OF CORPORATION

PART I - MANAGERS

NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME			
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NAME			
ADDRESS	CITY	STATE	ZIP CODE
NAME			
ADDRESS	CITY	STATE	ZIP CODE

PART II - MEMBERS

NAME		% OF MEMBER'S INTEREST IN LLC	
ADDRESS	CITY	STATE	ZIP CODE
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